

California Board of Behavioral Sciences

LICENSED CLINICAL SOCIAL WORKER STANDARD WRITTEN EXAMINATION CANDIDATE HANDBOOK



For Examinations December 1, 2005 and Later

REVISED 09/05

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FOR MORE INFORMATION

All questions about written examination scheduling
should be directed to:

Thomson Prometric
1260 Energy Lane
St. Paul, MN 55108
800.897.2046
TDD User: 800.790.3926
Web site: www.experioronline.com

Questions about examination content or licensing
should be directed to:

Board of Behavioral Sciences
400 R Street, Suite 3150
Sacramento, CA 95814-6240
916.445.4933
Web site: www.bbs.ca.gov

GENERAL GUIDELINES AND INFORMATION

This handbook provides candidates with important information regarding the California Licensed Clinical Social Worker (LCSW) Standard Written examination process and content. The Board strongly recommends that candidates thoroughly read and study from this handbook to contribute to a successful examination experience.

Objective of the Board of Behavioral Sciences (BBS)

State licensing boards are mandated to protect the public by developing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for LCSW licensure must pass a Board-administered written or oral examination or both examinations. An applicant who passes the initial “Standard Written” examination is subsequently required to take and pass the Written “Clinical Vignette” examination prior to issuance of the license. The Board does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods, as applicable to the LCSW scope of practice. Business and Professions Code section 4996.9, defines the LCSW scope of practice as “...a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.”

LCSW Examination Plan

The development of an examination program begins with an occupational analysis, most recently completed for LCSWs in 2004. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is

job-related. The Department of Consumer Affairs’ Examination Validation Policy requires an occupational analysis be performed every three to seven years. Last performed in 2004 for the LCSW profession, the analysis began with interviews of licensees to gather information about the tasks performed in practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task and knowledge area associated with their own practice.

The questionnaires were mailed to 2,680 LCSWs throughout California. Several panels of LCSWs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid LCSW examination plan.

The LCSW Standard Written examination plan consists of the seven content areas listed on Page 8. In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

Examination Development

The LCSW examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations. LCSWs who participate in examination development and review workshops are referred to as “Subject Matter Experts” (SMEs). SMEs write and review multiple-choice items for the examinations. SMEs are trained on established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the LCSW profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

Establishing the Passing Standards

The LCSW written examinations measure knowledge and skills required for LCSW practice, and represent a standard of performance that LCSW SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Standard Written examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on a minimum competence criterion that is defined in terms of the actual

behaviors that qualified LCSWs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of LCSW SMEs also consider other factors that would contribute to minimum competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same

minimum competence standards to all licensure candidates. Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new version of the examination is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

THE EXAMINATION PROCESS

Examination Administration through Thomson Prometric

The state of California has contracted with Thomson Prometric (formerly Experior Assessments) to conduct its examination program. LCSW candidates may test at any of the eight California testing centers, which are located in San Diego, San Francisco, Fresno, Fremont, Rancho Cordova, Van Nuys, Cerritos and Colton. Other testing site locations may be added, based on anticipated statewide candidate volume.

All questions and requests for information about examination administration should be directed to:

Thomson Prometric
1260 Energy Lane
St. Paul, MN 55108
800.897.2046
TDD User: 800.790.3926

Scheduling the Examination

APPOINTMENTS AND CANCELLATIONS

Upon receipt of your notice of eligibility (printed on the back cover of this handbook), you must arrange the time and place for taking your Standard Written examination (original or retake) by calling 800.897.2046 between 5 a.m. and 6 p.m. Pacific time, Monday through Friday. You may take your examination at any of the California testing centers. Please see the maps on Pages 28 and 29. Appointments are available six days per week at most centers. Schedule your test early to get your preferred site and time, preferably within 90 days from the date of your notice of eligibility.

If you miss or are late for your appointment, you will forfeit your examination fee. If you need to change your appointment between the time of scheduling and the test date, you must contact Thomson Prometric (formerly Experior Assessments) **three full working days** before your scheduled date to allow time to refill your appointment slot. Your scheduled date does not count as a working day. For example, if you are scheduled on a Thursday, you must call to reschedule by 6 p.m. the prior Friday. After that time, you must contact the Board for instructions on rescheduling. You may reschedule your examination by calling Thomson Prometric at 800.897.2046.

EXAMINATION ELIGIBILITY EXPIRATION

FIRST TIME EXAMINEES: Examination eligibility expires and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.

RE-EXAMINATION APPLICANTS: Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

EMERGENCY CLOSURE

In the event of an emergency, Thomson Prometric (formerly Experior Assessments) may need to cancel scheduled examinations. In this situation, Thomson Prometric personnel will attempt to contact you via telephone; however, you may confirm your scheduled test by calling Thomson Prometric at 800.897.2046. If a site is closed, exams will be rescheduled at your earliest convenience, at no cost to you. To reschedule your examination, call the toll-free number.

Taking the Standard Written Examination

Your examination will be given by computer. You should arrive at the testing center at least 15 minutes before your scheduled appointment to allow time for you to sign in, verify your identification and have your photo taken. You will have a maximum of four hours to take the examination. You do not need any computer experience or typing skills. You will have a personalized introduction to the testing system and an introductory lesson (tutorial) on the computer before you start your test. The time you spend in the tutorial does not count toward the time provided for your examination. **IT IS IMPORTANT TO FAMILIARIZE YOURSELF WITH THE COMPUTER FUNCTIONS PRIOR TO BEGINNING THE EXAMINATION.**

Thomson Prometric's (formerly Experior Assessments) Web site provides a demonstration of its computer-based testing system. The demonstration is intended to give candidates an idea of the look and feel of the examination screens. It is not intended to be a study tool. To view the demonstration, go to www.experioronline.com/dca/demos.htm.

You must provide a valid form of identification before you may test. Your identification must meet the following criteria:

- be government-issued (driver's license, state-issued identification card or military identification);
- have a current photo and your signature; and
- reflect the same name as the name used to register for the examination (including designations such as "Jr." or "III," etc.).

FAILURE TO PROVIDE APPROPRIATE IDENTIFICATION AT THE TIME OF THE EXAMINATION IS CONSIDERED A MISSED APPOINTMENT.

If you cannot provide the identification as listed above, contact Thomson Prometric before scheduling your appointment to arrange for an alternative form of meeting this requirement.

If you reported a name change to the Board after your eligibility was transmitted to Thomson Prometric, ensure the name on your identification matches Thomson Prometric's record prior to your examination.

Should you experience any disruption or difficulty during your examination, it is your responsibility to notify a proctor immediately so that the situation may be resolved whenever possible.

Examination Security

BBS SECURITY REQUIREMENTS

The BBS and the OER are committed to maintaining the security and the confidentiality of all examination materials during every phase of development, implementation and storage. If a candidate is found in violation of any security procedure, the following actions may be taken: the candidate's results may be delayed; the candidate's examination materials may be voided; and/or the candidate's application for future examinations may be denied. The BBS strictly enforces examination security and will prosecute any individual who has been determined to be in violation of statutes pertaining to security.

Prior to receipt of your notice of eligibility for the Standard Written examination, you will be required to sign a security agreement. When you sign this agreement, you are affirming that you fully understand that you are responsible for upholding examination security in accordance with Business and Professions Code sections 496 and 497. In accordance with the law, a violation of any of the rules listed below will result in disqualification as a candidate and could result in an administrative action and/or denial of an LCSW license by the BBS.

Candidates are neither permitted to discuss the content of the examination nor remove examination materials from the testing sites at any time. All examinations and related materials are copyrighted by the BBS and Thomson Prometric

(formerly Exporior Assessments). All examination materials are confidential.

A candidate taking the LCSW licensing examination is required to follow the provisions of Business and Professions Code sections 123 and 584 and is NOT allowed to do any of the following:

- have an impersonator take the examination on one's behalf;
- impersonate another to take the examination on that person's behalf;
- communicate examination content with another examinee or with any person other than BBS examination staff;
- reproduce or make notes of examination materials and/or content and reveal them to others who are preparing to take the LCSW examination, or to those who are preparing other candidates to take such an examination; and
- obstruct the administration of the examination in any way.

SECURITY PROCEDURES AT THE TEST CENTER

The following security procedures will apply during the examination:

- examination contents are confidential and proprietary. No cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room;
- no programmable calculators are permitted;
- no guests, visitors or family members are allowed in the testing or reception areas; and
- no valuables or weapons should be brought to the testing center. Only keys and wallets may be taken into the testing area, and Thomson Prometric is not responsible for items left in the reception area.

FAILURE TO FOLLOW ANY OF THESE SECURITY PROCEDURES MAY RESULT IN THE DISQUALIFICATION OF YOUR EXAMINATION. THOMSON PROMETRIC (FORMERLY EXPORIOR ASSESSMENTS) RESERVES THE RIGHT TO VIDEOTAPE ANY EXAMINATION SESSION.

Special Test Considerations

ACCESSIBILITY

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 888.226.9406.

EXAMINATION ACCOMMODATIONS

The Board and Thomson Prometric (formerly Exporior Assessments) recognize their responsibilities under the *Federal Americans with Disabilities Act* and the *California Fair Employment and Housing Act* by providing testing

accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

HOW TO REQUEST ACCOMMODATIONS

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at www.bbs.ca.gov/bbsforms.htm. Do not call Thomson Prometric (formerly Experior Assessments) to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

Study Materials and Courses

The LCSW Examination Plan contained in this Handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at www.bbs.ca.gov.

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have upon your examination performance.

The Board does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone. Examination preparation providers are regulated by the Bureau for Private, Post-Secondary and Vocational Education.

Examination Items

The LCSW Standard Written examination contains no fewer than 175 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 non-scoreable items). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test ("experimental") items, distributed throughout the examination, WILL NOT be counted for or against you in your score, and will not be identified to you.

All of the scoreable items in the Standard Written examination have been written and reviewed by LCSWs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

There is only one correct answer for each item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no 'trick' questions in the examination.

EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

The following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. A woman seeks counseling after her 19-year-old adolescent was arrested for driving under the influence. The client reports the incident upset her so badly she has been having difficulty sleeping and has not been able to go to work. What strategy should be used in providing treatment for this client?
 - A. Provide the client with an opportunity to discuss feelings about the adolescent's actions.
 - B. Focus on the immediate tasks the client must perform to achieve equilibrium.
 - C. Encourage the client to use social support networks to assist in coping.
 - D. Refer the client to an Al-Anon family support group.
2. Why should role reversal be used in couples counseling?
 - A. To reinforce the autonomy of the two partners.
 - B. To reinforce the established roles of each partner.
 - C. To increase lighthearted interplay between partners.
 - D. To increase empathy and understanding between partners.

3. Which of the following factors should be included in the assessment of a client from a culture that is different from the therapist's?
 - A. Evaluation of socioeconomic variables, determination of any culturally-related issues, and determination of level of acculturation.
 - B. Evaluation of socioeconomic variables, consultation from traditional healers, and administration of psychometric tests.
 - C. Evaluation of mental status, determination of any culturally-related issues, and administration of psychometric tests.
 - D. Evaluation of mental status, consultation from traditional healers, and determination of level of acculturation.
4. A middle-aged couple comes to therapy shortly after their last child married. They both share that they are not as close as they used to be and complain of depression and irritability. How should a family therapist treat these clients?
 - A. By recommending clients reevaluate their relationship and consider separation.
 - B. By assisting clients to focus on their relationship and evolve in their new roles.
 - C. By reassuring clients that this is a normal reaction and feelings will resolve naturally.
 - D. By encouraging clients to remain active in their children's lives and enjoy their freedom.
5. In which of the following situations should involuntary hospitalization be initiated?
 - A. A person indicates a plan and intent to cause self-harm.
 - B. A person demonstrates failure to provide shelter.
 - C. A person refuses necessary medical treatment.
 - D. A person states an intent to kill his boss.
6. Which of the following family members should be identified as the scapegoat using a systems approach?
 - A. Child who mediates negative family processes.
 - B. Child who is identified as the source of the problem.
 - C. Parent who rationalizes spouse's absence from work due to alcohol.
 - D. Parentified child who assumes responsibility for maintaining family functioning.
7. An 11-year-old client ran away from home after setting a fire in his parent's garage. In addition, he has been threatening his peers with a knife. What diagnosis is indicated for this client?
 - A. Conduct disorder
 - B. Disruptive behavior disorder
 - C. Oppositional defiant disorder
 - D. Childhood disintegrative disorder
8. Which of the following situations would constitute malpractice?
 - A. An HIV-positive client infects a partner and the therapist did not warn.
 - B. An involuntary client disagrees with the treatment plan and the therapist will not make changes.
 - C. An alcoholic client in recovery begins drinking again after the therapist uses confrontation in the therapy session.
 - D. A depressed client following the treatment plan commits suicide when the therapist cancels multiple appointments with no backup plan.
9. 42-year-old divorced male client is being seen for depression caused by a recent breakup with his fiancée. During a therapy session, he states he has mailed letters to his daughters telling them that he loves them. He also thanks the therapist for the help, but states he is resigned to his feelings and he will not be returning for any more therapy. How should the therapist proceed?
 - A. Convince the client that treatment is still needed.
 - B. Refer for intensive outpatient treatment to monitor depression.
 - C. Evaluate for plan, intent, and means to carry out suicide attempt.
 - D. Work with the client to resolve the emotional crisis that he is facing.
10. A mother brings her 10-year-old daughter to therapy after an unfounded abuse investigation was conducted on the girl's father. Since the investigation, the child has been afraid to sleep in her own room, is very demanding of her parents, and continues to have nightmares that her father is being taken away. What should be the immediate short-term objective of therapy with this client?
 - A. Encourage the client to forget the incident because it was unfounded.
 - B. Assist the client to explore her emotions and fears about the incident.
 - C. Instruct the parents to set firm limits on the client's bedtime behavior.
 - D. Refer the client to a psychiatrist for a medication evaluation.

*Correct Answers: 1-B, 2-D, 3-A, 4-B, 5-A,
6-B, 7-A, 8-D, 9-C, 10-B

Understanding the Examination Results

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

IF YOU FAIL THE EXAMINATION

The score report will indicate the candidate's overall score and grade, including the number of questions answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the LCSW Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is to guide candidates in areas requiring additional preparation for re-testing.

A raw score is reported, but candidates may determine the percentage achieved by dividing the number of questions answered correctly by the total number of scoreable questions in the examination. A sample breakdown is provided in the sample Examination Score Report shown below.

License Examination Score Report for Sample, Sarah A.		
California Licensed Clinical Social Worker Standard Written Examination		
	Number of Questions	Number Correct
LCSW Total Test Score.....	175	100
Biopsychosocial Assessment.....	40	30
Diagnostic Formulation.....	10	7
Treatment Plan Development.....	19	10
Resource Coordination.....	16	8
Therapeutic Intervention.....	70	32
Legal Mandates and Obligations.....	9	5
Ethical Standards.....	11	8
		Score: 100
		Grade: Fail

To determine the percentage achieved in the above sample, divide 100 by 175 ($100 \div 175 = 57.2\%$). Candidates may call or write to Thomson Prometric to request a duplicate of the score report for a period of one year after completing the examination.

The BBS welcomes constructive feedback from candidates regarding their examination experience. Feedback must be submitted in writing within 30 days after the examination to: Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA, 95814-6240. All correspondence should include the candidate's name, address, daytime telephone number, name of examination and date taken, examination site and BBS file number.

Examination Administration Complaints

Thomson Prometric's goal is to provide a comfortable and professional testing experience for every examinee. If a disruption or problem occurs that you believe will substantially impact the outcome of your examination, you

must document your concerns on the exit survey at the end of your examination. It is suggested that such events also be documented on a Candidate Comment Form available at all test centers.

The Candidate Comment Form is self-addressed to the Department of Consumer Affairs Office of Examination Resources and will be forwarded to the BBS. Complete all information requested on the Candidate Comment Form, stamp it and mail it. If you request to be contacted regarding your comments, the BBS will contact you within 15 days of receiving the form.

The Candidate Comment Form is also a means for examinees to provide constructive feedback regarding their examination experience and/or comment on examination content.

Re-examination

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with result notices at the testing centers, or may be obtained by contacting the BBS. A Request for Re-examination form will be mailed to candidates with delayed score reports.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 160 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Abandonment of Application/Ineligibility

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one (1) year after being notified of eligibility." Abandonment of an application requires the candidate to submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Business and Professions Code Section 4996.4 states, "An applicant who fails any written or oral examination may, within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required. Applicants failing to appear for re-examination, once having been scheduled, shall forfeit any re-examination fees paid."

AFTER PASSING THE EXAMINATION

Application for Written Clinical Vignette Examination

Candidates are eligible to apply for the Written Clinical Vignette examination after passing the Standard Written examination.

To apply, candidates must submit a “Request for Examination” (Clinical Vignette) and the required fee to the BBS. Request for Examination forms are provided with candidate result notices, and are also available by contacting the Board, or online at www.bbs.ca.gov. A Request for

Examination form will be mailed to candidates with delayed score reports.

Allow three weeks for processing of your Request for Examination and fee.

You will receive notification of eligibility to take the Written Clinical Vignette examination, which will include the Written Clinical Vignette Examination Handbook. Handbooks will also be available online at www.bbs.ca.gov.

LICENSED CLINICAL SOCIAL WORKER
Standard Written Examination Plan (Outline)
Effective December 2005 to present

Content Area	# of Questions	Area %
I. Biopsychosocial Assessment	40	23
A. Assessing for Risk		
B. Assessment of Client Readiness and Appropriateness of Treatment		
C. In-Depth Assessment		
1. Comprehensive Exploration of Symptoms		
a. psychological factors		
b. cultural/personal factors		
2. Comprehensive Evaluation of Problem		
a. social-environmental history		
b. medical and developmental history		
c. history of substance use/abuse		
3. Comprehensive Evaluation of Inter- and Intra-personal Resources		
II. Diagnostic Formulation	10	6
III. Treatment Plan Development	19	11
A. Identify/Prioritize Objectives, Goals and Methods of Treatment		
B. Integrate/Coordination Concurrent Treatment Modalities and Adjunctive Resources		
C. Monitoring, Evaluation and Revision of Treatment Plan		
IV. Resource Coordination	16	9
A. Service Identification and Coordination		
B. Client Advocacy and Support		
V. Therapeutic Interventions	70	40
A. Crisis Intervention		
B. Short-Term Therapy		
C. Therapy for Children and Adolescents		
D. Therapy for Adults (Individual and Group)		
E. Therapy for Couples		
F. Therapy for Families		
G. Managing the Therapeutic Process		
VI. Legal Mandates	9	5
A. Protective Issues/Mandated Reporting		
B. Professional Conduct		
VII. Ethical Standards	11	6

LCSW Standard Written Examination Plan Effective December 2005 to present

The following pages contain detailed information regarding examination content. A description of each content area and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. Biopsychosocial Assessment (23%) – This area assesses the candidate’s ability to identify and assess the biopsychosocial aspects of the presenting problem.

A. Assessing for Risk

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Evaluate client’s level of distress to assess the impact of the presenting problem on the person in the situation. • Assess for suicide potential by evaluating client’s intent, means, and history to determine need for immediate intervention. • Evaluate level of danger client presents to self and/or others to determine need for immediate intervention. • Evaluate client for grave disability to determine need for immediate intervention. • Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency. • Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman. • Evaluate degree of risk by identifying the client’s immediate support systems and the client’s ability to access them. • Identify precipitating events to determine the need for crisis intervention. • Identify presenting complaint to determine client’s understanding of the problem. 	<ul style="list-style-type: none"> • Knowledge of psychological, physical, and behavioral indicators of abuse and neglect. • Knowledge of socio-cultural factors that affect the assessment of client risk. • Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups. • Knowledge of legal criteria for identifying clients who require involuntary treatment or detention. • Knowledge of methods for assessing the risk of decompensation and hospitalization. • Knowledge of criteria for evaluating the safety of a child’s environment. • Knowledge of physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior. • Knowledge of criteria for determining whether client’s living situation constitutes high risk for abuse. • Knowledge of methods and techniques for eliciting client’s perception of presenting complaint. • Knowledge of risk factors that indicate a client’s potential for causing harm to others. • Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults. • Knowledge of risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.

B. Assessment of Client Readiness and Appropriateness of Treatment

TASKS:	KNOWLEDGE OF:
<ul style="list-style-type: none"> Assess for language barriers that will impede the therapeutic process to determine whether treatment can be provided or referral is indicated. Assess for cultural factors that will influence or impact the therapeutic process to determine whether treatment can be provided or referral is indicated. Identify client's presenting problem and goals for therapy to determine whether treatment can be provided or referral is indicated. 	<ul style="list-style-type: none"> Knowledge of the effect of language differences on the therapeutic process. Knowledge of the role of client motivation in therapeutic change. Knowledge of cultural beliefs regarding therapy and mental health. Knowledge of developmentally appropriate techniques for eliciting information about the client's thoughts and feelings during the interview process. Knowledge of methods and techniques for facilitating the client's ability to communicate thoughts and feelings during the interview process. Knowledge of techniques for evaluating the congruence between the client's nonverbal and verbal communications. Knowledge of how cultural factors impact the ways a client seeks assistance for psychosocial problems.

C/1/a. In-depth Assessment – Comprehensive Exploration of Symptoms (Psychological Factors)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> Gather information regarding the mental health history of the client and the client's family to assist in developing a comprehensive assessment. Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning. Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral. Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments. Evaluate effects of client and family's spiritual beliefs on presenting problem. Gather collateral information pertaining to client and client's presenting problem to formulate a differential diagnosis. Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing. Gather information regarding perception and cognition to identify symptoms of psychopathology. Assess client's mood, affective responses, and impulse regulation to identify patterns of emotional functioning. Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing. 	<ul style="list-style-type: none"> Knowledge of the effects of aging on client's independent functioning. Knowledge of methods for assessing the client's degree of acculturation. Knowledge of behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning. Knowledge of behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation. Knowledge of methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem. Knowledge of methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues. Knowledge of methods and techniques for assessing the client's ability to provide for self-care needs. Knowledge of types of information available in employment, medical, psychological, and school records to provide assessment and diagnostic information. Knowledge of the effects of mood disturbance on psychosocial functioning. Knowledge of strategies for gathering information from adjunctive resources. Knowledge of psychological, cognitive, and behavioral factors that indicate a need for psychological and vocational testing.

C/1/a. In-depth Assessment – Comprehensive Exploration of Symptoms (Psychological Factors)
(continued)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> Identify perceptual and cognitive functions that require referral for psychological testing. 	<ul style="list-style-type: none"> Knowledge of the effect of mental disorders on psychosocial functioning. Knowledge of methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.

C/1/b. In-depth Assessment – Comprehensive Exploration of Symptoms (Cultural/Personal Factors)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> Assess client's degree of acculturation to determine impact on presenting problem. Identify impact of client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability. Assess nature of client's familial relationships by evaluating the family structure within the client's cultural identity. Gather information regarding role identification within context of client's race, culture, and country of origin, age, gender, religion, sexual orientation, marital status, and level of ability. Identify impact of client's culture on client's presentation of psychological or physical problems. 	<ul style="list-style-type: none"> Knowledge of methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem. Knowledge of methods and techniques for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem. Knowledge of methods and techniques for assessing how the client's values, personal preferences, and cultural identity impact the presenting problem.

C/2/a. In-depth Assessment – Comprehensive Evaluation of Problem (Social-environmental History)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> Gather information about client's interpersonal relationships to identify patterns of behavior in different life settings. Assess history of trauma and abuse to determine impact on current functioning. Evaluate impact of psychosocial and environmental stressors on client's symptomatology. Identify events precipitating current problem through interviews with client and collateral sources. Gather information regarding client's family history to determine the impact of significant relationships and events on current problems. Assess impact of familial patterns of interaction on client's current problem through interviews with client and collateral sources. Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings. 	<ul style="list-style-type: none"> Knowledge of methods for assessing the impact of family history on client functioning. Knowledge of methods for assessing the effects of the client's physical condition on past and current psychosocial functioning. Knowledge of the cycle of abuse that perpetuates intergenerational violence and trauma. Knowledge of how cultural influences affect the client's perception of life events as traumatic. Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction. Knowledge of the interrelationship between client's behavior in social and work environments and behavior in other areas of client's life. Knowledge of how to assess the relationship between life events and the stressors the client experiences. Knowledge of the effects of socio-cultural factors on the client's presenting problem.

**C/2/b. In-depth Assessment – Comprehensive Evaluation of Problem
(Medical and Developmental History)**

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Gather information regarding the developmental history of the client and client's family members to determine course of developmental progression. • Identify possible deficits in client's developmental level to determine need for further evaluation. • Gather information regarding client's use of complementary and alternative treatments to evaluate client's approach to medical problems. • Gather information regarding client's personal and familial medical history to determine impact on the person in the situation. • Assess client's perception of the impact of physical limitations on adaptive functioning. • Assess how client's medical conditions affect past and current adaptive functioning. • Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness. 	<ul style="list-style-type: none"> • Knowledge of theories of aging and development that explain biological and cognitive changes. • Knowledge of the relationship between medical conditions and psychosocial functioning. • Knowledge of the relationship between level of functioning and normative developmental stages throughout the life span. • Knowledge of symptoms of medical conditions that may impact client psychosocial functioning. • Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases. • Knowledge of the effects of medications and their impact on the client's adaptive functioning. • Knowledge of developmental processes of individual growth and change. • Knowledge of methods and techniques for assessing the impact of client's family medical history on current problems and issues. • Knowledge of the effects of social, cultural, and environmental influences on aging and health. • Knowledge of the effect of biological and environmental influences on specific developmental and life phases. • Knowledge of theories of stages of cognitive development.

**C/2/c. In-depth Assessment – Comprehensive Evaluation of Problem
(History of Substance Use/Abuse)**

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services. • Assess social and familial factors associated with or contributing to the client's substance use. • Assess types and patterns of use to determine substance abuse and/or dependence. 	<ul style="list-style-type: none"> • Knowledge of the impact of substance use or abuse on family and social relationships and role functioning. • Knowledge of the effect of substance use and abuse on psychosocial functioning. • Knowledge of physical and behavioral signs indicating current substance intoxication and/or withdrawal. • Knowledge of physical and behavioral indicators associated with substance abuse. • Knowledge of the impact of social, cultural, and familial factors on substance use and abuse. • Knowledge of physical and behavioral indicators associated with substance dependence.

C/3. Comprehensive Evaluation of Inter- and Intra-personal Resources

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Evaluate effectiveness of client's coping strategies and strengths by identifying patterns of reactions and responses to life stressors. • Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem. • Assess client's ability and willingness to access personal and community resources. • Gather information regarding family members' coping strategies and strengths to assist in treatment planning. • Gather information regarding interpersonal relationships to evaluate and assess client's ability to access and utilize support systems. • Assess current living conditions to determine impact of the environment on the person in the situation. • Collect information from collateral sources to assist in developing clinical assessment and intervention strategies. • Assess impact of the client's family and social network on the presenting problem. • Assess socioeconomic factors to determine the impact of financial stressors on current problem. • Assess ability and willingness of the client's family and social network to support client's treatment. 	<ul style="list-style-type: none"> • Knowledge of methods for assessing adaptive and maladaptive coping mechanisms in dealing with life stressors. • Knowledge of how to obtain and integrate relevant clinical information from collateral sources to increase an understanding of the client in the environment. • Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning. • Knowledge of the effect of economic factors and stressors on psychosocial functioning. • Knowledge of theories of coping and adaptive responses to life events. • Knowledge of the relationship between social supports and adaptive functioning. • Knowledge of methods for assessing client's ability to access personal and community resources.

II. Diagnostic Formulation (6%) – This area assesses the candidate’s ability use assessment information to formulate an accurate differential diagnosis for developing a treatment plan and interventions within the client’s socio-cultural context.

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Integrate information about the client’s premorbid functioning in developing a differential diagnosis or problem formulation. • Compare assessment information with diagnostic criteria in formulating differential diagnoses. • Incorporate information about the client’s physiological status in formulating differential diagnoses. • Integrate information regarding the impact of the client’s cultural/ethnic background and beliefs on the experience and presentation of symptoms in formulating a differential diagnosis. • Integrate results of mental status examination in developing a differential diagnosis or problem formulation. • Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation. • Identify persistence of symptoms to determine if problem is acute or chronic. • Develop clinical diagnosis or problem formulation to provide basis for interventions. • Identify onset or initial presentation of symptoms to determine duration of the problem. • Identify extent of impairment and its impact on the client’s level of functioning to develop a diagnostic impression. • Integrate assessment information to determine depth and breadth of impairment on adaptive functioning. • Integrate information about the precipitating events in developing a differential diagnosis or problem formulation. • Identify psychological and environmental stressors to determine impact on symptomatology. 	<ul style="list-style-type: none"> • Knowledge of Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders. • Knowledge of the clinical process of developing a diagnosis or problem description to clarify therapeutic issues. • Knowledge of how to evaluate and integrate information about the client’s premorbid condition and precipitating events into the formulation of a differential diagnosis. • Knowledge of criteria for classifying complex levels of addiction (cross addiction). • Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client’s culture and beliefs. • Knowledge of the relationship between biochemistry and psychiatric disorders. • Knowledge of how to evaluate and integrate client’s past mental and medical health history to formulate a differential diagnosis. • Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation. • Knowledge of methods for integrating assessment information to identify areas and level of impairment in client’s functioning. • Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses. • Knowledge of the psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment. • Knowledge of the social work diagnostic framework for identifying and evaluating presenting symptoms. • Knowledge of the impact of cultural factors on the formulation of a differential diagnosis. • Knowledge of the relationship between psychosocial and environmental factors and symptom development. • Knowledge of the relationship between onset of signs and symptoms and duration of the problem. • Knowledge of behavioral, physiological, and psychological indicators of developmental disorders. • Knowledge of the relationship between persistence of symptoms and the course of the problem. • Knowledge of methods for differentiating between disorders that share common symptoms. • Knowledge of criteria for classifying substance use, abuse, and dependency. • Knowledge of the short and long-term side effects of medications and their effect on the client’s presenting symptoms.

III. Treatment Plan Development (11%) – This area assesses the candidate’s ability to develop a culturally relevant treatment plan based on assessment and diagnostic information. The treatment plan includes a definition of the problem, measurable goals and objectives, and clinical interventions consistent with the client’s readiness for, and ability to engage in treatment, and relevant to the phases of therapy.

A. Identify/Prioritize Objectives, Goals and Methods of Treatment

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Incorporate interventions into the treatment plan that address the needs associated with client’s clinical diagnosis. • Identify level of intervention required to address the client’s areas and degree of impairment in developing the treatment plan. • Develop mutually agreed upon treatment goals based on assessment and diagnostic information. • Integrate aspects of client’s value and belief systems into the development of the treatment plan. • Develop measurable objectives to facilitate treatment goals. • Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals. • Identify client and therapist values that impact the therapeutic process to direct the treatment approach. • Select treatment modalities based on client needs, diagnosis, and assessment. • Develop preliminary termination plan to provide a structure for treatment. • Develop preliminary termination plan with client to maintain therapeutic progress after treatment has ended. • Provide client education about the therapeutic process to promote client’s self-determination. • Prioritize interventions according to applicable phase of treatment and client’s preparedness to work with the therapeutic issues involved. 	<ul style="list-style-type: none"> • Knowledge of methods and techniques for enhancing client motivation in treatment. • Knowledge of methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process. • Knowledge of client characteristics that affect client adaptation in different therapeutic modalities or treatment settings. • Knowledge of methods and techniques for educating client about the therapeutic process. • Knowledge of the components of a treatment or service plan for each phase of the therapeutic process. • Knowledge of methods for determining service priorities by evaluating level of impairment in areas of client functioning. • Knowledge of methods for determining the timing of interventions according to phase of therapy. • Knowledge of methods for prioritizing symptoms to determine target areas for improving client functioning. • Knowledge of techniques and procedures for engaging the client in the mutual development of treatment goals and objectives. • Knowledge of culturally competent interventions to provide services to diverse populations. • Knowledge of procedures for determining how to manage aspects of the therapist’s value system that potentially impacts therapy. • Knowledge of strategies for determining therapeutic goals to direct treatment. • Knowledge of techniques for integrating client’s current experiences, values, and belief systems into the treatment plan. • Knowledge of the differential use of psychotherapeutic techniques in treating problems or disorders. • Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders. • Knowledge of methods for developing short- and long-term treatment objectives to address therapeutic problems. • Knowledge of methods for determining length of therapy based on diagnosis and client’s goals for treatment. • Knowledge of the components of individual treatment plans to provide for clients with special needs. • Knowledge of techniques and procedures for engaging client’s on-going participation in the therapeutic process.

B. Integrate / Coordinate Concurrent Treatment Modalities and Adjunctive Resources

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Collaborate with physician/psychiatrist regarding the effects and contraindications of psychotropic drugs to maximize therapeutic effectiveness with clients. • Coordinate with other care providers in the development of an individual treatment plan. • Determine need for referral to adjunctive treatment resources to support the treatment plan. • Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning. • Evaluate efficacy of collateral support systems for inclusion in treatment plan. • Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment. 	<ul style="list-style-type: none"> • Knowledge of the dynamics of working across disciplines in developing comprehensive and integrated treatment. • Knowledge of methods for accessing and coordinating multiple interventions across disciplines. • Knowledge of methods for incorporating collateral support systems in therapy. • Knowledge of techniques for combining treatment modalities in treating specific problems or disorders. • Knowledge of the effect of psychotropic medications on therapeutic interventions. • Knowledge of methods for integrating mainstream, complimentary, and alternative treatment modalities that are consistent within the framework of the client's cultural identity, beliefs, and values into treatment.

C. Monitoring, Evaluation and Revision of Treatment Plan

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives. • Prepare for termination with client by reviewing progress attained. • Develop termination plan with client to maintain therapeutic progress after treatment has ended. • Elicit information from collateral resources to assist in evaluating treatment efficacy. • Adjust treatment plan and interventions as indicated by client's changing needs and goals. • Establish collaborative alliance with agencies, caregivers, placement settings, and other community resources to develop support services commensurate with client needs. • Conduct initial and on-going review of therapeutic alliance to assist client engagement in therapy. • Determine evaluation criteria to monitor progress toward goals and objectives. 	<ul style="list-style-type: none"> • Knowledge of techniques for re-engaging mandated, resistant, and noncompliant clients in treatment. • Knowledge of methods and procedures for formulating an after-care plan. • Knowledge of methods for assessing qualitative and quantitative therapeutic change. • Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements outside therapy. • Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs. • Knowledge of methods for formulating behavioral indicators to measure and evaluate therapeutic change. • Knowledge of changes in client functioning that indicate readiness to terminate therapy. • Knowledge of procedures for evaluating therapeutic change in preparation for termination. • Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.

IV. Resource Coordination (9%) – This area assesses the candidate’s ability to coordinate linkages and provide access to resources, and to evaluate the efficacy of the referrals.

A. Service Identification and Coordination

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Coordinate with community sources to facilitate outreach to transient and homeless clients. • Evaluate suitability of community resources to provide supportive services commensurate with client needs. • Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs. • Coordinate with other professionals, service providers, and other community resources to establish linkages for outreach services. • Gather information regarding cultural community networks to identify resources and sources of support. • Coordinate access to therapeutic or community programs to facilitate client’s transition into the community. • Evaluate client’s current needs and prognosis for change to assist in determining least restrictive placement environment. • Collaborate with other providers and community specialists to identify resources. • Determine need for outreach and/or field visits in order to evaluate how health, safety, and welfare issues are affecting treatment. • Coordinate linkages with support systems and services to facilitate access by client. 	<ul style="list-style-type: none"> • Knowledge of criteria for determining least restrictive environment to provide for care and safety of client. • Knowledge of methods for identifying and incorporating community support systems and resources that are consistent with client’s beliefs and values. • Knowledge of types of placements available for the short- and long-term care of clients of differing levels of care. • Knowledge of methods for evaluating conditions in the home to determine need for additional services. • Knowledge of methods and procedures for facilitating client’s transition to a less restrictive setting. • Knowledge of methods for identifying community support services that meet client needs. • Knowledge of methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client’s current or prospective needs. • Knowledge of methods for identifying and incorporating community support systems and resources relevant to the client’s culture, background, beliefs, and values. • Knowledge of the methods involved in establishing a liaison with community resource providers. • Knowledge of methods for evaluating client’s ability to access support services and treatment sources. • Knowledge of federal, state, local, and public and private social services that provide assistance with meeting client’s basic needs. • Knowledge of methods for identifying and incorporating community support systems and resources for transient and homeless clients. • Knowledge of criteria for evaluating the level of care of a prospective or current placement to meet client’s needs. • Knowledge of methods for incorporating a multidisciplinary team approach to treatment.

B. Client Advocacy and Support

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Advocate within the community for the creation or enhancement of support services to meet client needs. • Educate community resources about how to best meet client needs within the framework of the individual needs, culture, beliefs, and values of the client. • Facilitate integration of client back into the community by providing psychoeducation to service providers and community members. • Advocate with institutions and organizations, including within the legal or judicial system and within medical and healthcare institutions, to improve service delivery and to protect client rights. • Educate client about how to access support services including access to legal advocacy to support client's rights. • Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs. • Consult with other professionals and referral sources to discuss the client's progress and to evaluate the on-going effectiveness and accessibility of resources. • Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights. • Engage client in the mutual exploration and identification of future resources as the client's needs change. • Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met. • Advocate for protective placement to assist client with leaving a dangerous or unsafe environment. • Engage client in the mutual evaluation of the on-going effectiveness and accessibility of resources. 	<ul style="list-style-type: none"> • Knowledge of methods and procedures for enhancing or developing new services within the community. • Knowledge of methods for increasing client's ability for self-advocacy. • Knowledge of methods for evaluating the usage and efficacy of referral sources. • Knowledge of standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client's rights. • Knowledge of criteria for evaluating safety of client placement. • Knowledge of laws, statutes, and regulations relating to residential placement. • Knowledge of advocacy methods for increasing client's access to needed resources. • Knowledge of methods for providing psychoeducational services to the client. • Knowledge of the benefits of psychosocial education to clients and their families about the nature of mental disorders. • Knowledge of methods for providing psychoeducational services to community service providers.

V. Therapeutic Interventions (40%) – This area assesses the candidate’s ability to provide a range of therapeutic interventions specific to client needs consistent with the client’s socio-cultural context.

A. Crisis Intervention

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Implement techniques to assist client’s exploration of options to increase adaptive functioning. • Assist client to modify environment to promote stabilization. • Evaluate nature and severity of current crisis to determine intervention strategy. • Implement techniques to assist client to verbalize source of crisis. • Assist client to manage emotions associated with traumatic event to facilitate client’s resolution of crisis. • Identify client’s level of functioning prior to crisis to establish goals for postcrisis functioning. • Develop a stabilization plan with client in crisis to prevent further decompensation. 	<ul style="list-style-type: none"> • Knowledge of methods for implementing strategies and interventions with clients in emergency situations. • Knowledge of the effect of crisis on emotional and psychological equilibrium. • Knowledge of counseling techniques to assist client in crisis to regain emotional balance. • Knowledge of transitional crises created by immigration and acculturation. • Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior. • Knowledge of crisis intervention techniques to provide immediate assistance to client. • Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma. • Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis.

B. Short-Term Therapy

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Apply a problem-solving approach in therapy for treating the problem as it impacts the client’s current functioning. • Instruct client in techniques for increasing rational thought processes to enhance client’s problem-solving and decision-making ability. • Implement interventions for facilitating the client’s ability to identify the interrelationship between past events and current behaviors. • Provide psychoeducation about loss and stages of grieving process to facilitate client’s normalization of feelings and experiences. • Assist client with identifying and expressing feelings to move through the stages of grief and loss. • Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues. • Facilitate client’s coping and planning strategies for addressing issues associated with major life events/potentially life-changing events. • Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan. • Apply a treatment plan for accomplishing symptom reduction using a brief therapy model. 	<ul style="list-style-type: none"> • Knowledge of methods and interventions for increasing client’s ability to manage stressors resulting from changes in life circumstances. • Knowledge of the intervention models for Brief Therapy and their indications and contraindications for use. • Knowledge of techniques and procedures for implementing interventions using a Brief Therapy model. • Knowledge of the effect of client’s prior coping patterns and life experiences on adjustment to trauma. • Knowledge of the stages of loss and grief. • Knowledge of counseling techniques to assist survivor of trauma to work through feelings associated with the experience. • Knowledge of the effect of patterns of interpersonal relations on ability to maintain social relationships

C. Therapy for Children and Adolescents

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Determine baseline levels of maladaptive behaviors to measure therapeutic change. • Implement interview techniques consistent with child's cognitive development. • Select age-appropriate interventions to facilitate child's understanding of the presenting problem. • Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy. • Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances. • Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies. • Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood. • Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships. • Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors. • Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings. • Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior. • Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others. • Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity. • Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood. • Address adolescent's body image distortions to develop a reality-based perception of the physical self. • Provide supportive therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial adjustment. • Provide assertiveness training to promote client's self-esteem and self-confidence. • Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses. • Provide therapy involving structured task completion to improve child's ability to focus on specific tasks. • Provide parenting skills training to improve parents/caregivers' ability to care for children. 	<ul style="list-style-type: none"> • Knowledge of methods for preventing relapse with child/adolescent client in recovery. • Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood. • Knowledge of counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse. • Knowledge of methods and techniques to identify source of resistance to treatment. • Knowledge of methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development. • Knowledge of counseling techniques to facilitate client's recognition of emotional and psychological sources of anger. • Knowledge of counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues. • Knowledge of behavior management interventions which reduce disruptive behavior in a variety of environments. • Knowledge of the principles of learning theory to explain the acquisition of behaviors. • Knowledge of intervention methods for treating substance dependency. • Knowledge of behavioral and emotional responses in children resulting from parental separation or divorce. • Knowledge of developmental theories and their application to children and adolescents in a clinical setting. • Knowledge of techniques for increasing attention span by modifying child's environment. • Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents. • Knowledge of factors that affect client adjustment during emancipation process. • Knowledge of developmentally appropriate therapeutic techniques for treating children and adolescents. • Knowledge of therapeutic techniques to decrease violent or aggressive behavior. • Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development. • Knowledge of the developmental stages of defining sexual identity and preference. • Knowledge of the physical and psychosocial effects of substance use on children and adolescents.

C. Therapy for Children and Adolescents *(continued)*

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions. • Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage. 	<ul style="list-style-type: none"> • Knowledge of methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients. • Knowledge of types of learning disabilities that impede academic performance. • Knowledge of effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents. • Knowledge of the effects of racism and discrimination on development of self-concept.

D. Therapy for Adults (Individual and Group)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Facilitate group process so clients can derive the maximum benefit from the experiences of peers. • Apply nondirective approach to therapy by following the client's lead to permit change to occur at client's pace. • Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self. • Provide psychotherapy to survivor of abuse to reduce the impact of the experience. • Teach client anger management techniques to increase client's ability to manage aggressive impulses. • Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse. • Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s). • Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors. • Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning. • Provide psychoeducation for family members to facilitate treatment compliance of client. • Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes. • Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness. • Provide psychoeducation regarding stages of the life cycle to normalize client's experiences. • Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors. • Implement techniques for motivating client to attend substance treatment programs. 	<ul style="list-style-type: none"> • Knowledge of the relationship of the positive effects of physical and cognitive activity on functioning in later adulthood. • Knowledge of theories of group dynamics. • Knowledge of cognitive restructuring techniques to change maladaptive thought patterns. • Knowledge of the relationship between interpersonal interactions and social functioning. • Knowledge of the effect of cognition on interpretation of behavioral responses. • Knowledge of the biological, social, and psychological aspects of mental illness and emotional functioning. • Knowledge of sexual dysfunctions that indicate need for specialized services. • Knowledge of methods and techniques for conducting group psychotherapy. • Knowledge of the biological, social, and psychological aspects of aggression. • Knowledge of methods and techniques for providing psychoeducation to individual clients and groups. • Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning. • Knowledge of stress management techniques to reduce anxiety or fearful reactions. • Knowledge of interventions and techniques for assisting client with managing own anger and aggression. • Knowledge of therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination. • Knowledge of psychodynamic techniques for resolving emotional conflict or trauma.

D. Therapy for Adults (Individual and Group) *(continued)*

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Assist client to identify cognitions that maintain maladaptive behavior. • Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions. • Confront client's inappropriate and/or antisocial behavior to provide opportunities for change. • Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences. • Teach client relaxation skills to increase client's ability to manage symptoms of anxiety. 	<ul style="list-style-type: none"> • Knowledge of methods for implementing desensitization techniques to reduce client symptoms. • Knowledge of techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process. • Knowledge of the effects of unconscious processes on behavior. • Knowledge of the protective function of defense mechanisms against anxiety. • Knowledge of the application of experiential techniques to assist client to achieve treatment goals. • Knowledge of methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process. • Knowledge of the concept of insight in successful resolution of past trauma or conflict. • Knowledge of the biological, social, and psychological aspects of substance use and addiction. • Knowledge of therapeutic techniques for increasing client's feelings of self-worth. • Knowledge of methods for assessing maladaptive functioning in interpersonal relationships. • Knowledge of the impact of cultural, racial, and ethnic values and beliefs on adult behavior. • Knowledge of the effect of events in client's past on current experiences.

E. Therapy for Couples

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Implement communication techniques with couples to promote mutual disclosure and discussion. • Identify strategies couples can implement to balance external responsibilities with personal relationship. • Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship. • Provide counseling to couples considering separation or divorce to address issues of loss. • Provide premarital counseling to assist couple's transition to new family system. • Educate clients about the stages of development of the couple relationship to normalize changes and transitions. • Provide therapy and psychoeducation to couples to address issues of a blended family. • Implement strategies to increase the safety the couple feels in the relationship. • Assist couple to identify the relationship strengths on which effective coping strategies may be based. • Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on the relationship. • Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes. • Determine goal of couple's therapy by evaluating each individual's motivation. • Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies. • Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems. • Assist clients to restructure interactions by reframing the couple's perception of power structure within the system. • Provide education regarding values identification and clarification to develop mutual acceptance, tolerance, and cohesion in relationship. • Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships. 	<ul style="list-style-type: none"> • Knowledge of the effect of incongruent goals of couples on therapeutic process. • Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in couples. • Knowledge of techniques to increase intimacy within couple relationships. • Knowledge of the aspects of relationships that result in problems or conflicts for couples. • Knowledge of methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns. • Knowledge of techniques to assist client to develop individual roles and identities within the couple relationship. • Knowledge of the impact of communication and interactional styles on couple relationships. • Knowledge of techniques for teaching conflict resolution and problem-solving skills with individuals in a couple. • Knowledge of counseling techniques to assist couples with psychological adjustment to sexuality issues. • Knowledge of methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs. • Knowledge of the effect of gender role expectations and stereotypes on communication and partner expectations in couples. • Knowledge of methods for identifying and implementing interventions for treating maladaptive functioning in couple relationships. • Knowledge of issues resulting from dissolution of couple relationships. • Knowledge of therapeutic methods to establish individual and system boundaries. • Knowledge of the effect of unrealistic role assignments on couple relationships. • Knowledge of the dynamics of the marriage/partner relationships that shape and change the relationship. • Knowledge of methods and techniques for teaching couples how to improve their communication.

F. Therapy for Families

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Provide information to clients regarding developmental stages of the family to facilitate understanding of family change. • Implement strategies for changing disruptive interaction styles to strengthen family cohesion. • Identify separation issues in parent-child relationship to promote age-appropriate individuation. • Identify transitional issues in parent-child relationship to promote age-appropriate differentiation. • Mediate conflict regarding couple's parenting styles to effect consistency in child's environment. • Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress. • Model adaptive methods for relating to peers and siblings to improve child's social functioning. • Identify differences in multigenerational acculturation to determine source of value conflicts between family members. • Provide family therapy to achieve reunification goals. • Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce. • Develop family reunification goals by identifying changes that must be made to improve family functioning. • Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure. • Provide psychosocial information to families regarding environmental and biological components that impact development. • Identify patterns of interaction among family members to determine sources of conflict. • Identify family of origin influences to understand impact on present family functioning. • Identify family structure to clarify roles and boundaries of the family unit. 	<ul style="list-style-type: none"> • Knowledge of behaviors or reactions that indicate problematic separation or attachment issues. • Knowledge of how cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members. • Knowledge of the effect of conflicting or inconsistent parenting styles on child's level of functioning. • Knowledge of methods for identifying interconnections and interdependence within social systems. • Knowledge of the impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships. • Knowledge of parenting skills necessary to provide for care of children. • Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups. • Knowledge of the impact of cultural views regarding family structure and values. • Knowledge of the aspects of interpersonal relationships that result in problems or conflicts within family groups. • Knowledge of therapy techniques to strengthen or reestablish family roles. • Knowledge of behavioral and emotional responses of family members resulting from parental separation or divorce. • Knowledge of the effect of differences in multigenerational acculturation on family structure and values. • Knowledge of techniques to identify multigenerational transmission of patterns and interactions that impact client functioning. • Knowledge of techniques to educate children regarding the relationship between behavior and consequences. • Knowledge of the implications of family history for understanding its influence on current family functioning. • Knowledge of techniques to identify and clarify roles and expectations in blended family structures. • Knowledge of different types of supportive services to strengthen family system. • Knowledge of therapeutic interventions to improve family transactions. • Knowledge of therapeutic techniques to increase individuation within existing system structures. • Knowledge of the stages of developmental changes that occur within the family system. • Knowledge of group process methods for improving patterns of communication between family members. • Knowledge of the concept of feedback as it relates to the adjustment of a system. • Knowledge of the family life cycle that results in transitions and changes in status. • Knowledge of techniques to identify different power bases within family structure. • Knowledge of the concept of homeostasis in maintaining system structure and balance of power.

G. Managing the Therapeutic Process

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems. • Provide unconditional positive regard by demonstrating genuine acceptance to assist client to develop a positive sense of self-worth. • Implement strategies to address language barriers to facilitate client expression and understanding. • Establish a supportive environment by providing unconditional positive regard toward client. • Identify client and therapist values that impact the therapeutic process to direct the treatment approach. • Identify countertransference to modulate impact on the therapeutic process. • Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals. • Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers. • Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment. • Implement strategies to facilitate client's awareness of the relationship between self-esteem and current functions. • Establish therapeutic alliance to assist client engagement in therapy. 	<ul style="list-style-type: none"> • Knowledge of the effect of unconditional positive regard in facilitating therapeutic effectiveness. • Knowledge of the concept of countertransference as therapist's reactions and feelings in response to client's therapeutic issues. • Knowledge of the concept of transference as an expression of unresolved issues. • Knowledge of techniques for conveying empathy, interest, and concern within therapeutic context. • Knowledge of methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs. • Knowledge of the stages of the client/therapist relationship and how it progresses over time. • Knowledge of techniques for establishing a therapeutic framework with diverse populations. • Knowledge of techniques to promote client engagement in therapeutic process. • Knowledge of methods and techniques for increasing client's acceptance of self as the agent of change in therapy. • Knowledge of the effect of differences between therapist and client's values on therapy process. • Knowledge of the relationship between client sense of self-worth and client functioning. • Knowledge of techniques for incorporating therapeutic use of self to maximize therapeutic alliance.

VI. Legal Mandates (5%) – This area assesses the candidate’s ability to identify and apply legal mandates to clinical practice.

A. Protective Issues / Mandated Reporting

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities. • Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled, to initiate protective involuntary hospitalization. • Evaluate client and the content of therapy to identify holder of privilege. • Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities. • Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication. 	<ul style="list-style-type: none"> • Knowledge of criteria for determining abuse, neglect, or exploitation of dependent adults. • Knowledge of laws regarding privileged communication to protect client’s rights and privacy. • Knowledge of laws regarding payment or acceptance of money for referral of services. • Knowledge of reporting requirements regarding duty to warn when client indicates intent to harm others. • Knowledge of components of a child abuse investigation interview. • Knowledge of legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing. • Knowledge of laws regarding holder of privilege. • Knowledge of legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse. • Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.

B. Professional Conduct

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Maintain boundaries with client by adhering to legal guidelines regarding sexual relations. • Implement therapeutic techniques congruent with professional competence to provide services within scope of practice. • Obtain client’s written permission to disclose privileged information to protect client’s right to privacy. • Maintain client records in accordance with state and federal regulations. • Provide “Professional Therapy Never Involves Sex” brochure to client when client discloses allegations of sexual misconduct in previous therapy. • Disclose fees or the basis on which fees are computed for services to client prior to starting therapy. 	<ul style="list-style-type: none"> • Knowledge of laws which define the boundaries and scope of clinical practice. • Knowledge of laws regarding disclosing fees for professional services. • Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations. • Knowledge of laws regarding sexual misconduct between therapist and client.

VII. Ethical Standards (6%) – This area assesses the candidate’s ability to identify and apply ethical standards to clinical practice.

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated. • Disclose exceptions to confidentiality to inform client of limitations of privileged communication. • Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship. • Seek consultation before countertransference issues interfere with treatment. • Collaborate with other professionals when issues arise outside the therapist’s expertise. • Identify clinical issues outside therapist’s experience or competence to refer to other professionals for treatment. • Provide client with information regarding extent and nature of services available to facilitate client’s ability to make educated decisions regarding treatment. • Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals. • Demonstrate professional competence by providing information to client regarding education, professional qualifications, and professional affiliations. • Implement policies and therapeutic procedures that enhance client’s self-determination by providing services regardless of client’s race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability. • Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship. • Bill for services within the structure of the “fees for service” communicated to client prior to initiating treatment. • Identify own physical or cognitive impairments to determine impact on ability to provide professional services. • Maintain clear and professional boundaries with client to prevent dual/personal relationship that could negatively impact the therapeutic relationship. 	<ul style="list-style-type: none"> • Knowledge of methods and conditions for communicating to client about acceptance of money or other payments for referral of services. • Knowledge of criteria for determining competency to practice. • Knowledge of methods and conditions for disclosing fees for professional services. • Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship. • Knowledge of therapist issues and conflicts that interfere with the therapeutic process. • Knowledge of ethical responsibility to provide client with information regarding therapeutic process and services. • Knowledge of the limits of confidentiality within the therapeutic framework. • Knowledge of ethical considerations and conditions for interrupting or terminating treatment. • Knowledge of limitations of professional experience, education, and training to determine issues outside therapeutic competence. • Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities. • Knowledge of ethical standards for providing services congruent with client’s race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability. • Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.

CALIFORNIA TESTING CENTERS

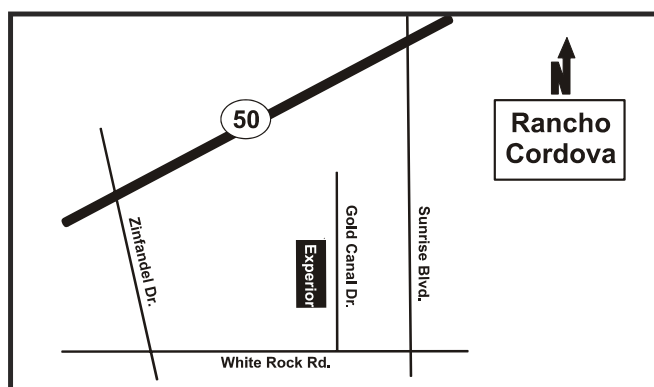
If you are unfamiliar with the area, please contact the testing center during testing hours for directions. Please direct registration, scheduling and any other questions to Thomson Prometric (formerly Experior Assessments) at 800.897.2046.

MAPS ARE NOT DRAWN TO SCALE

Rancho Cordova Center

3110 Gold Canal Drive, Suite E
Rancho Cordova, CA 95670
916.851.8340

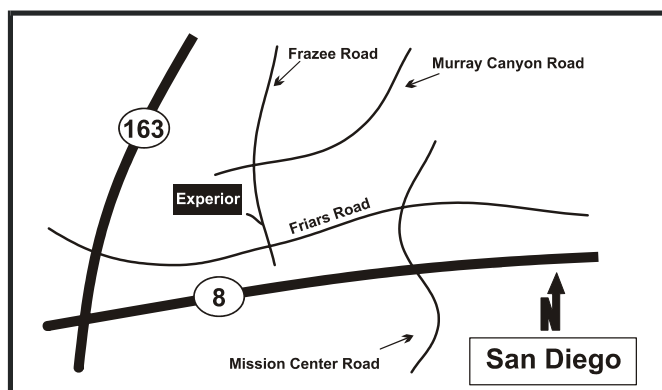
From Hwy 50, take either the Sunrise Blvd. or Zinfandel Dr. exit and head south. Turn on White Rock Rd. and turn again onto Gold Canal Dr. The testing center is on your left. Turn into the first driveway on your left to park in front of the building. Additional parking is available around the building.



San Diego Center

1450 Frazee Road, Suite 410
San Diego, CA 92108
619.574.1840

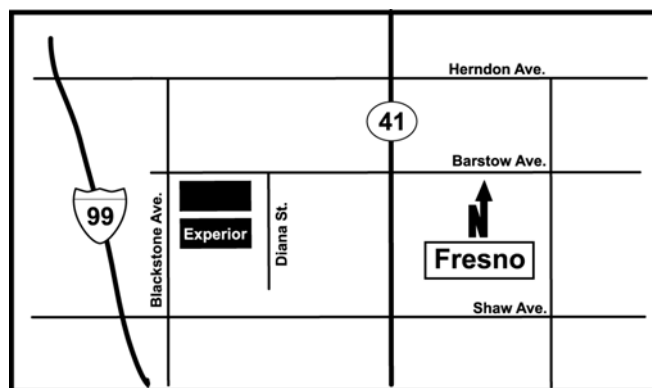
From Highway 163, take the Friars Road exit east to Frazee Road. Turn left (north) on Frazee Road. The testing center is in the building on your left. Parking is available all around the building.



Fresno Center

125 E. Barstow Avenue, Suite 136
Fresno, CA 93710
559.226.3334

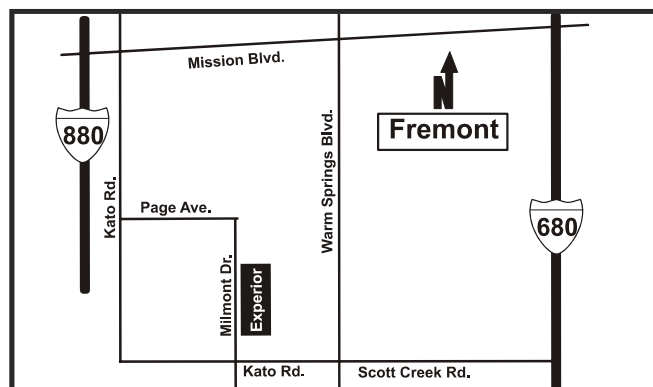
From Hwy 41, exit west on Shaw; turn right (north) on Blackstone. From northbound I-99, exit east on Shaw; turn left (north) on Blackstone. Turn right (east) on Barstow. At 125 E. Barstow, turn right on Diana, and then right into the parking area. The testing center is located in the second building from Barstow. Parking is available around the building.



Fremont Center

48860 Milmont Drive, Suite 103C
Fremont, CA 94538
510.687.0821

From I-880, take the Mission Blvd. exit and head east; turn right (south) on Warm Springs Blvd., right again on Kato Rd. and right again on Milmont Dr. From I-680, take the Scott Creek Rd. exit and head west; Scott Creek Rd. becomes Kato Rd.; turn right on Milmont Dr. The testing center is on your right. Parking is available around the building.



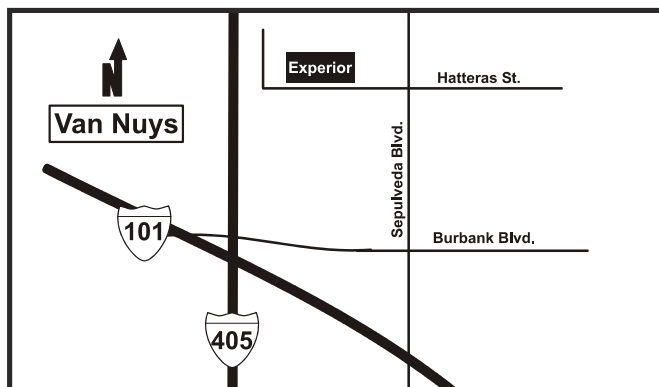
CALIFORNIA TESTING CENTERS (CONT.)

MAPS ARE NOT DRAWN TO SCALE

Van Nuys Center

John Laing Holmes Building
5805 Sepulveda Blvd., Suite 601
Van Nuys, CA 91411
818.781.9981

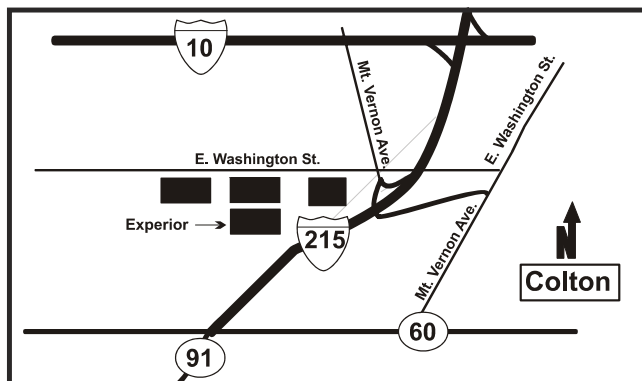
From I-405, take the Burbank Blvd exit and head east; turn left (north) on Sepulveda Blvd. The testing center is located at the intersection of Sepulveda and Hatteras. Paid parking is available in the lot; free parking may be available on the street.



Colton Center

Rancho Las Palomas
1060 E. Washington Street, Suite 110
Colton, CA 92324
909.783.2255

From I-215, take the Mt. Vernon Ave. exit; head west on E. Washington Street. The testing center will be on your left, in the two-story Rancho Las Palomas building behind Del Taco. Parking is available around the building.



San Francisco Area Center

222 Kearny Street, Suite 603
San Francisco, CA 94108
415.834.1357

From I-80 heading south, take the Fremont Street exit and turn left. At the first intersection, turn left onto Howard Street. Turn right onto 3rd Street, which becomes Kearny Street. The testing center is on the right-hand side of the road.

From I-80 heading north, take the 4th Street exit toward Embarcadero. Turn a slight left onto Bryant Street, then left onto 3rd Street. 3rd Street becomes Kearny Street. The testing center is on the right-hand side of the road.

Parking is available nearby. Please be prepared to pay for your parking. The nearest BART location is at the intersection of Montgomery Street and Market Street. The building is also accessible by MUNI.

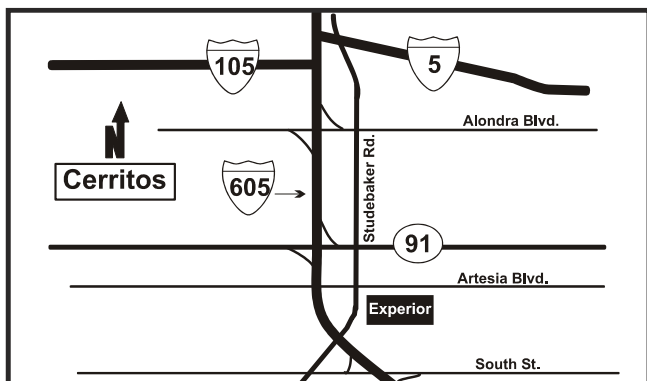


Cerritos Center

Caremore Building
18000 Studebaker Road, Suite 680
Cerritos, CA 90703
562.860.1748

From I-605 South, take the Alondra Blvd exit, turn left (east) on Alondra Blvd and right (south) on Studebaker.

From I-605 North, take the South Street exit; turn left (west) on South St. and right on Studebaker. Parking is available around the building.



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BOARD OF BEHAVIORAL SCIENCES
400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240
TELEPHONE: 916.445.4933 TDD: 916.322.1700
WEBSITE ADDRESS: www.bbs.ca.gov



STATE OF CALIFORNIA
NOTICE OF ELIGIBILITY
(N-36 REV 12/05)

You are eligible to participate in the Standard Written examination for licensure as a Licensed Clinical Social Worker. This is the **ONLY** notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label below contains important date information. In the upper-left corner of the address label (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. **You must take the Standard Written examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* on Page 6 of this handbook).

This handbook provides important information regarding Standard Written examination procedures and content. To schedule your examination, please refer to the instructions in this handbook. Schedule your examination early to get your preferred test center location and date, preferably within 90 calendar days of your eligibility date.

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Please refer to Page 7 of this handbook for Written Clinical Vignette examination information.

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